

NATIONAL Assessment Centre Services

[Ref: JAC02]

NA/20056885

Date In: 04/01/2020 13:14	Job description	Date & Time Completed	Done by
Ref No: NA/INC20006973/4	SAS e-filing		
Veh No: GBH 9081 R	E-mail (within 3hrs, A/D 2hrs)		
D.O.A: 08/01/2020 21:35	I-Motor Claim Form	mm/1086064/001	04/01/2020 15:12
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLA 4975M	INC () / Non-INC ()
Owner / Driver: (Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: ()	% [Note: Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2003551	Invoice Preparation Checklist	Amc (\$)	Ant (\$)
Clientant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	04/07/2020 13:14
Date Of Accident	03/07/2020 21:35
Exact Location Of Accident	ALONG CHANGI ROAD BEFORE LORONG MYDIN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9081R
Insured/Policyholder	
Name Of Registered Owner	PAULIM NEWS & PERIODICALS
Co Reg No	4XXXX200C
Email Address	JASON_4570@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82609797
Alternative Phone No	OFFICE-82609797

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104706402-01
Cover Note Number	

Driver

Name of Driver	ONG CHING HUAT
NRIC No	SXXXX107I
Date Of Birth	19/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2006
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82609797
Fax Number	
Contact Number	OTHERS-82609797
Email Address	JASON_4570@HOTMAIL.COM

Address	BLK 185 BEDOK NORTH ROAD #10-66
Postcode	460185
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA4975M
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAILANI BIN HAMID
NRIC/Passport Number	SXXXX600J
Contact Number	88143629
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ONG CHING HUAT
------	----------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBH9081R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



[Signature]

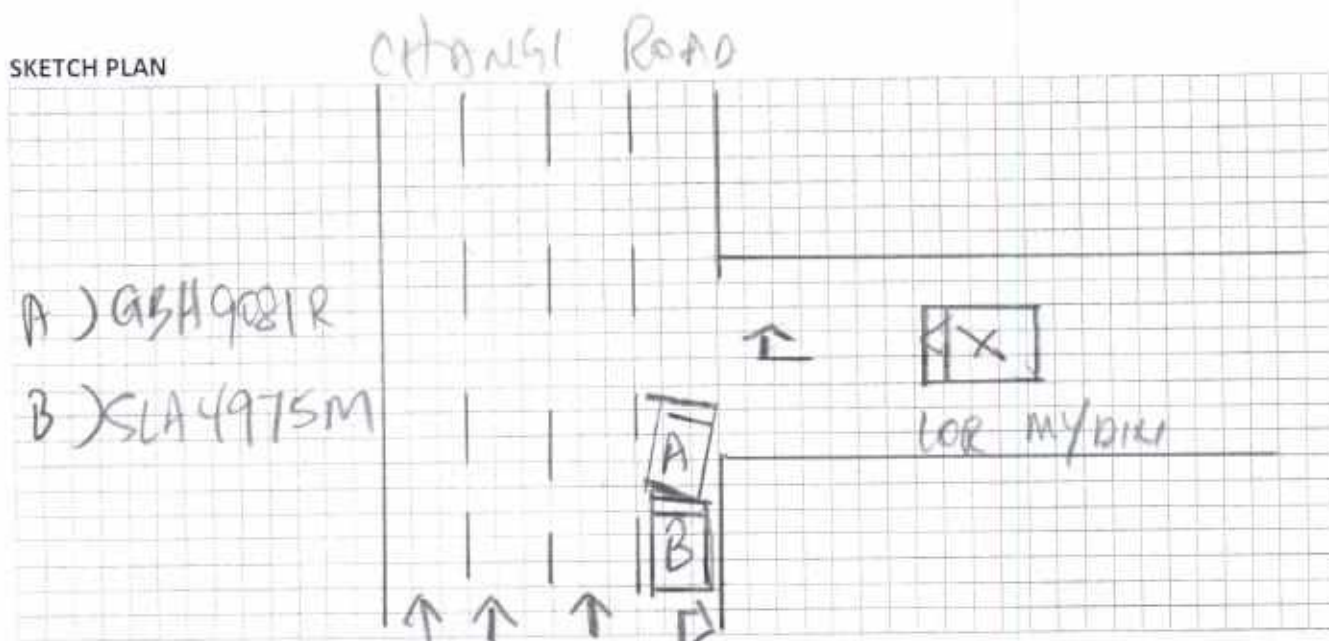
4/7/20

[Signature] 04/07/2020
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 08/07/2020 AT ABOUT 21:35HRS I WAS AT CHANGI RO
 & WANTED TO TURN RIGHT INTO LOK MY/DKI WHEN I
 SAW A CAR WHICH WAS DRIVING AGAINST TRAFFIC, I
 STOP MY VAN GSH 9081R SUDDENLY I FELT A SHOCK
 ON MY REAR, A CAR SLA 4975M HIT DOWN THE REAR
 OF MY VAN.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (If driver is not the policyholder)

Date & Time:

4/7/20

[Signature] 08/07/2020
 Reporting Centre Personnel's Signature
 Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 03/07/2020 (DD/MM/YYYY), TIME: 21:35 (HH:MM)

LOCATION: After Changi Road before Lor Mydial

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GPH 9081 R
 b) INSURANCE COMPANY: KTC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Phuam (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ONG CHEN HAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 85609797
 c) ADDRESS: _____

* d) DATE OF BIRTH: 19/03/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 02/03/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) (CLEAR)

b) ROAD SURFACE: (DRY / WET / OTHERS) (DRY)

6. WAS ANYBODY INJURED (YES/NO) (NO)

7. a) REPORTED TO POLICE (YES/NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA 4975M MODEL: Toyota Wist
 b) DRIVER'S NAME: FORUM BAN HAMID
 c) NRIC/FIN/PASSPORT: SL6046003 CONTACT: 88143628

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = Jason_4570@hotmail.com

fax =

VIDEO =

#7934483

Claim Handling

Accident MT/1096064

Policy No.	5104706402-01	Vehicle No.	GBH9081R	GST Registration No.	
Certificate No.				Policyholder NRIC	444112006
Policyholder Name	PAULIN NEWS & PERIODICALS	Cover Type	Enhanced Woodchip Film	Loading	0
Product Code	COMMERCIAL VEHICLE INSURE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	9160286	Special Remark		eCode	NA
Email Address	paulln_4550@paulin.com	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
XPR	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Endowment(%)	11	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	04/07/2020 15:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Hi
Date of Accident	03/07/2020	Time of Accident hh:mm	21:35	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	ALONG CYMENG ROAD BEFORE LORONG MYUNG				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	000.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	000.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	04/07/2020 15:00:55 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	BLK 529 HDB 1528	Address 2	BECON RESERVOIR ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	479629
Unit No.		Related Policy Number	5104706402-01		
Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	190311-000
Unnamed Driver Name	ONG CHENG HUI	Driver NRIC	985901371	Driving Experience	14
Register Date of Driver License	02/03/2006	Driver Age	15	Contact No. (Home)	
Contact No. (Mobile)	9160286	Contact No. (Office)		Address 3	91573-A
Address 1	BLK 195 HDB 56	Address 2	BECON NORTH ROAD	Post Code	460145
Address 4	SINGAPORE 400505	Address Type	Foreign address		
Unit No.	10-01				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Driver Vehicle No.	GBH9081R	Driver Insurer Company	GTOL
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Modification History

Claim 001 **New**

Claim Type *	QQ-MK	Insured Name	PAULIN NEWS & PERIODICALS	Insured NRIC	
Contact No. (Mobile)	96160286	Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle Number	GBH9081R	TP Vehi flurr	
Claim Description	GBH9081R / SLA4975M ON 3 Jul 2020				
Preferred Workshop	Preferred	Insured Liability	Not at Fault	GIA report	Received
Repair Option	Preferred	Preferred Workshop, name unknown		Claim Close Date	04/07/2020 15:12
Date Registered		Report Taken By	ROSLI WAHAB	Date Recd	
Print AR letter					
Save Submit					

Attachment

Accident No.	MT/1096064	Claim No.	MT/	Category *	Normal	Confidential	Urgency *	Normal
Last Doc: Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	04/07/2020 15:12					
Choose File No file chosen								
Choose File No file chosen								
Choose File No file chosen								

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 04 Jul 2020 15:12	Photos		Normal	Photos 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 04 Jul 2020 15:12	Photos		Normal	Photos 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 04 Jul 2020 15:12	Photos		Normal	Photos 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 04 Jul 2020 15:12	Photos		Normal	Photos 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 04 Jul 2020 15:12	Photos		Normal	Photos 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 04 Jul 2020 15:12	Photos		Normal	Photos 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 04 Jul 2020 15:12	Photos		Normal	Photos 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 04 Jul 2020 15:12	Photos		Normal	Photos 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 04 Jul 2020 15:12	Photos		Normal	Photos 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 04 Jul 2020 15:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 04 Jul 2020 15:12	SAS		Normal	SAS 2020-7-4

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/07/2020 13:12"/>
Vehicle No. (For Motor)	<input type="text" value="GBH9081R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104706402-01		PAULIM NEWS & PERIODICALS	44471200C	GCV	Preferred Workshop Plan	GBH9081R	GBH9081R	23/10/2019	22/10/2020